2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Туре	or Print Clearly					
Full N	ame Thomas C. Galligan, Jr.		Work Address	Colby-Sawyer (College, 541 Main Stre	et, New London, NH 03257
Prima	nary Occupation President e-mail*optional		tgalligan@colby-s	awyer.edu	Work Phone	603-526-3451
The office, position, appointment, or Chair, Higher Chair,		Chair, Higher Education Com	nmission			
propri	t below the name, address, and type of any petor, or employee, or served in any other prolar year. Sources of retirement benefits other the	rofessional or advisory capaci	ity, and from whic	h any income in	excess of \$10,000 w	as derived during the preceding
1.	Colby-Sawyer College, 541 Main Street, Ne	w London, NH 03257	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2.						
If you	have no qualifying income indicate by writing	your initials next to the follow	ving statement.	My inc	ome does not qualify	
report discip	icate below whether you or a family member hable special interest in an item on this list if a cline a licensee or permittee, or other decision hail effect on you or a family member than it were also becomes a family member than it was a family member had been a fam	change in law, a change in adroy government affecting the library sold on the general public: as licensed or certified by the S	ministrative rule, a clisted business, prof	decision whether ession, occupatio	or not to award a con on, group, or matter w	tract, grant a license or permit,
Γ.		Colby-Sawyer College 4. Real Estate, including broke agent, developers, and landle	ers, 5.	Banking or financ	- I I	te of New Hampshire, county, or ipal employment
	7. N.H. RetirementSystem 8. Current u assessment p	se land 9. Rest	aurants/		d distribution of alcoh	<u> </u>
	12. Any business regulated by the Public Itilities Commission	13. Horse or dog racion of gambling	ng, or other legal fo	orms 🔀 14. Ed	ducation 5 15.	Water Resources
	16 Adriculture	usiness Business ofits Tax Enterprise Tax	Interest an Dividends	1.1	ptional: Specify any o special interest	ther area in which you have a
	read RSA 15-A and hereby swear or affirm tha n who knowingly fails to comply with the prov		•		_	
Date	December 15, 2014		- c.	AN	ly	DEC 16 2014
Date			Sig	nature of Reporti	ng Individual	DEL ALLINE OF STATE